

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

3-9-19

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.	2	→	→	→	→	→
TOTAL CLAIMS	3	■	■	■	■	■

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TOTAL IND.						
TOTAL DEP.	→	→	→	→	→	→
TOTAL CLAIMS	3	■	■	■	■	■